

Work Order ID 100253

100253

Page 1

April-22-13 12:52:00 PM

Item ID: D3693-1 Accept *N900040100* Setup Start *NS1*
 Revision ID: Stop *NS2*
 Item Name: Rod End Bearing
 Start Date: 4/22/13 Start Qty: 4.00 *4* Cust Item ID:
 Required Date: 5/03/13 Req'd Qty: 4.00 *4* Customer:
 Reference:

Approvals: Process Plan: MLJ Date: 13-04-24 Tooling: _____ Date: _____ Run Start *NR1*
 QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3693	C								

100 PURCHASING 0.00
 100
 Purchasing Memo 0.00
 Purchasing Issue P/O: 19690
 Purchase Part Number: 047-140-252-005
 Supplier: Bell
 Certificate of conformity is required

13-04-25

110 Receive & Inspect for Damage & Mat'l Certs 0.00
 110
 Packaging Memo 0.00
 Packaging Ensure certificate of conformity is attached

4/30/25 (4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
--	---	---

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misabeled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 100253

100253

Page 2

April-22-13 12:52:00 PM

Item ID: D3693-1 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: Rod End Bearing
Start Date: 4/22/13 Start Qty: 4.00 *4* Cust Item ID:
Required Date: 5/03/13 Req'd Qty: 4.00 *4* Customer:
Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____ Run Start *NR1*
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____ Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 *120* QC Quality Control	QC6- Inspect dimensions to drawing Memo	0.00 0.00				4			
130 *130* Small Fab Small Fab	1- PRIOR TO DRILL FILL ROD WITH HYSOL OR MAGNOBOND ADHESIVE AND LET CURE AS PER MANUFACTURER'S INSTRUCTION. 2- DRILL USING JIG DT9514 2-DEBURR	0.00 0.00				4			13-04-29
140 *140* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00				4			

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>
--	---	---

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

Work Order ID 100253

100253

Page 3

April-22-13 12:52:00 PM

Item ID: D3693-1

Accept

N900040100

Setup Start *NS1*

Revision ID:

Stop *NS2*

Item Name: Rod End Bearing

Start Date: 4/22/13

Start Qty: 4.00

4

Cust Item ID:

Required Date: 5/03/13

Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Run Start *NR1*

Stop *NR2*

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

150

Identify as per dwg & Stock Location: *GA*
SF

0.00

150

Packaging

Memo

0.00

Packaging

4x

13-4-30

160

QC21- Final Inspection - Work Order Release

0.00

160

QC

Memo

0.00

Quality Control

13/5/6

1304-30

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
---	---	---	--	---

.Picklist Print

April-22-13 12:52:00 PM

Page 1

Work Order ID: 100253

Parent Item: D3693-1

Start Date: 4/22/13

Required Date: 5/03/13

Parent Item Name: Rod End Bearing

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:A New Issue 08-01-17 JLM Verified By:EC
IPP Rev:B As per Rev B 09-01-20 JLM Verified By:DD
ECN12-693 DD VERF:JLM
IPP REV:C 13.01.24 PER

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
047-140-252-005 Rod Bearing End		Purchased	No				Each	0.0000		4			

143/4/26 (4)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

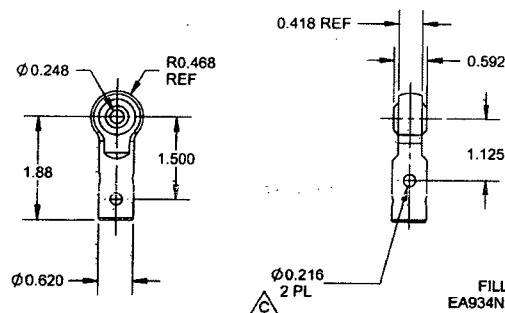
Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

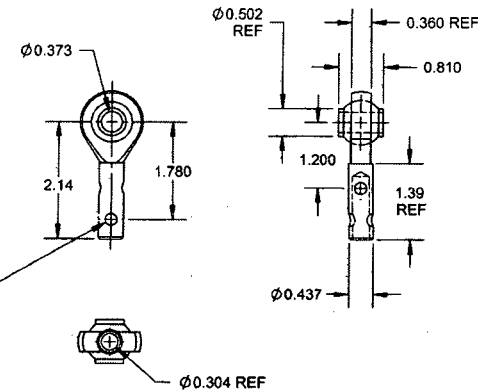
FAULT CATEGORY

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

SPECIFICATION CONTROL DRAWING



△ 0.216
 2 PL
 PRIOR TO DRILL
 FILL ROD END WITH HYSOL
 EA934NA OR MAGNOBOND 6398
 ADHESIVE.
 CURE AS PER MANUFACTURER'S
 INSTRUCTION



**D3693-1
ROD END BEARING**

**D3693-3
ROD END BEARING**

RELEASED
2013-01-22

DART P/N	DESCRIPTION	BELL P/N	WEIGHT (lb)	FINISH	IDENTIFY
D3693-1	ROD END BEARING	047-140-252-005	0.19	NONE	NONE
D3693-3	ROD END BEARING	205-060-101-001	0.14	NONE	NONE

C	0.216 PILOT HOLES WERE 0.189, (ZN B6-1, C4-1) REF NCR12-2074	DB	12.12.05
B	REMOVED SHADED VIEW (ZN DB-1, 01-1) 0.592 WAS 0.591 (ZN CS-1); REFORMATTED SHEET, TRANSFORMED GENERAL NOTES TO TABLE FORMAT	RF	08.12.15
A	NEW ISSUE	RF	08.03.12
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	DB		
CHECKED	MB	DRAWING NO.	REV. C
MFG. APPR.	JLM	D3693	SHEET 1 OF 1
APPROVED	W	TITLE	SCALE
DE APPR.	W	ROD END BEARING	NTS
DATE	12.12.05	<small>COPYRIGHT © 2008 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR DISSEMINATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	

COPY TO
 PRINT
 TO BE COPIED
 FOR REFERENCE
 100-253_MLS
 13-04-24



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON.K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO19690**

Purchase Order Date 4/25/2013

PO Print Date 4/25/2013

Page Number 1 of 1

Order From :

VU-EAG002

EAGLE COPTERS MAINTENANCE LTD.
823 MCTAVISH ROAD N E
CALGARY, AB T2E 7G9
CA

Contact Name

Buyer

Brigitte Golden

Vendor Phone

403-250-7370

Requisition Nbr

Vendor Fax

Tax Resale Nbr

10127-2607

Vendor Account Nbr

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	Vendor Part Number 047-140-252-005	Rod Bearing End	4/29/2013 Yes	4.00 Each	FedEx PI collect	\$98.5600	\$394.24

Special Inst: As per DWG:D3693
Rev: C
B100253

PO Total:

\$394.24

Change Nbr: 1

Change Date: 4/25/2013

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Eagle Copters Maintenance Ltd

823 McTavish Rd, NE
Calgary, Alberta T2E 7G9
Canada

Packing Slip

April 25, 2013

Telephone: (403) 250-7370

Fax: (403) 250-7110

Shipment number: SH#13-001216

Customer PO number: PO19690

Ship To: Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Canada

Phone: (613)632-5200

Ship Via: FED EX
Carrier Terms:

Waybill: 799611769217

Customer PO number: PO19690

Item	Part Number	Part Description	Current Location	Qty	UOM	Serial Number	Lot Number
	1 047-140-252-005	BEARING,ROD END	Shipping Area	4	Each		LT-13-005630
Type of sale: Outright							

Sales Order Number: SO13-00558.001

Eagle PO Number:

ship fedex P1

email waybill Brigitte Golden <bgolden@dartaero.com>

All Parts being sent on this packing slip have the original certification on file at Eagle Copters Ltd.

* End of Report *

>> denotes that the Packing Slip line item has already been printed.

TCCAAMO Approval No. 6-81

LOT #: LT-13-005630



Sold To: SO13-00558

Sold Date: 4/25/2013 2:33:14PM

PART #: 047-140-252-005

Description: BEARING, ROD END

Serial No:

Condition: New

Qty Sold: 4.00

Cure Date:

Manufacturer: Bell Helicopter (Manufacturer)

	Cycles	Hours
Total Time:		0.00
TSO:		
Time Remaining:		

Details of work performed/reason for removal

Receiving Inspection

Additional work to be performed upon installation

April 25, 2013

Inspector

Lic. No. Stamp

